

License Clerk - CT

Occupational Permit



Phone: 304.724.4809

Fax: 304.725.4021

2013**Section 1**

Soc Sec # or Tax ID # _____

Name _____

Date of Birth ____ / ____ / ____

List latest dates fingerprinted and what states fingerprinted you:

Month & Years Fingerprinted _____ In what state(s) _____

Stable Name _____

Identification:

Sex _____ Age _____ Color: Hair _____ Color: Eyes _____ Height _____ ft. _____ in. Weight _____

Questions a-h must be answered "yes" or "no"

- a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?
- b. Has any other type of license or permit of you or your spouse ever been suspended, denied, or revoked ?
- c. Have you ever been expelled, discharged, or ejected from any race track or fined more than \$100.00 ?
- d. Have you or your spouse ever been convicted of, or forfeited bail on, any felony or misdemeanor criminal offense ? (Including DUI or DWI)
- e. Are there any criminal charges currently pending anywhere against you or your spouse ?
- f. Are you or your spouse currently on parole or probation ?
- g. Are there any outstanding civil judgements against you or your spouse ?
- h. Do you have a position with the Racing Commission, racetrack, political party or in government ?
- i. Are you a United States citizen ?

If NO, Citizenship _____

Visa # _____

For a through h above, for each "yes" above, you must provide full details on back of this application.

Expiration _____

	Yes	No
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.

I authorize the West Virginia Racing Commission or it's designated agent to investigate my background to determine my eligibility for a license as per the West Virginia Rules of Racing.

I authorize any company, organization, educational or health care institution or law enforcement agency to release any personal records, medical records, educational records, credit history records, criminal history records, or other such documentation to the West Virginia Racing Commission or it's authorized agent.

Clerk ID: 99 Administrator

Signature of Applicant _____

Date _____

NOTE: Trainers and Businesses need copy of Workers' Compensation**Return to:**

WVRC License Clerk

Charles Town Races

P. O. Box 551

Charles Town WV 25414

WVRC License Clerk

Charles Town Races

580 E. 5th Ave.

Ranson WV 25438

Section 3 Please mark the license(s) you are requesting

- | | | |
|---|---|---|
| <input type="checkbox"/> 2 A ADMINISTRATIVE \$20.00 | <input type="checkbox"/> 14 A HUMAN RESOURCES \$20.00 | <input type="checkbox"/> 21 A SECURITY/SURVEL \$20.00 |
| <input type="checkbox"/> 5 A ANNOUNCER \$20.00 | <input type="checkbox"/> 5 C INVESTIGATOR \$20.00 | <input type="checkbox"/> 100 A SERVER \$20.00 |
| <input type="checkbox"/> 18 B APP. JOCKEY \$20.00 | <input type="checkbox"/> 30 A IT \$20.00 | <input type="checkbox"/> 32 B STABLE NAME \$40.00 |
| <input type="checkbox"/> 36 B ASSIST TRAINER \$30.00 | <input type="checkbox"/> 38 B JKY SILKS CORD \$20.00 | <input type="checkbox"/> 18 O STALL SUPER \$20.00 |
| <input type="checkbox"/> 20 O ASST STARTER \$20.00 | <input type="checkbox"/> 17 B JOCKEY \$30.00 | <input type="checkbox"/> 15 A SUPERVISOR \$72.00 |
| <input type="checkbox"/> 1 B AUTH AGENT \$20.00 | <input type="checkbox"/> 19 B JOCKEY AGENT \$20.00 | <input type="checkbox"/> 22 A TRACK BLACKSMIT \$20.00 |
| <input type="checkbox"/> 3 B BLACKSMITH / PL \$20.00 | <input type="checkbox"/> 8 O JOCKEY RM CUST \$20.00 | <input type="checkbox"/> 23 A TRACK SUPER \$20.00 |
| <input type="checkbox"/> 25 A CAMERA OP/TOTE \$20.00 | <input type="checkbox"/> 38 A JOCKEY VALET \$20.00 | <input type="checkbox"/> 35 B TRAINER \$30.00 |
| <input type="checkbox"/> 5 B CHAPLAIN \$20.00 | <input type="checkbox"/> 12 A MAINT EMPL \$20.00 | <input type="checkbox"/> 24 A VENDOR \$40.00 |
| <input type="checkbox"/> 2 O CLERK OF SCALES \$20.00 | <input type="checkbox"/> 2 C MARKETING \$20.00 | <input type="checkbox"/> 24 B VENDOR HELPER \$20.00 |
| <input type="checkbox"/> 3 O CLOCKER / ASST \$20.00 | <input type="checkbox"/> 15 A MISCELLANEOUS \$20.00 | <input type="checkbox"/> 40 B VET ASST \$20.00 |
| <input type="checkbox"/> 17 A DIRECTOR \$20.00 | <input type="checkbox"/> 16 A MUTUEL EMPL \$20.00 | <input type="checkbox"/> 41 B VET TECH \$20.00 |
| <input type="checkbox"/> 4 A EMT-B/PARAMEDIC \$20.00 | <input type="checkbox"/> 4 B NURSE \$20.00 | <input type="checkbox"/> 22 O VETERINARIAN \$30.00 |
| <input type="checkbox"/> 13 B EQUINE DENTIST \$20.00 | <input type="checkbox"/> 12 O OUTRIDER \$20.00 | <input type="checkbox"/> 13 A VP \$20.00 |
| <input type="checkbox"/> 14 B EX-RIDER \$20.00 | <input type="checkbox"/> 25 B OWNER \$30.00 | <input type="checkbox"/> 105 A WARDROBE \$20.00 |
| <input type="checkbox"/> 1 C FINANCE \$20.00 | <input type="checkbox"/> 29 B OWNER/ASSIT TRA \$60.00 | <input type="checkbox"/> 8 A WAREHOUSE \$20.00 |
| <input type="checkbox"/> 7 A FOOD/BEVERAGE \$20.00 | <input type="checkbox"/> 28 B OWNER/TRAINER \$60.00 | |
| <input type="checkbox"/> 27 B FOREMAN \$20.00 | <input type="checkbox"/> 18 A PARKING \$20.00 | |
| <input type="checkbox"/> 42 B GAMING/DEALER \$20.00 | <input type="checkbox"/> 30 B PARTNERSHIP \$20.00 | |
| <input type="checkbox"/> 10 A GEN SUPER \$20.00 | <input type="checkbox"/> 19 A PHOTOGRAPHER \$20.00 | |
| <input type="checkbox"/> 9 A GM / ASST GM \$20.00 | <input type="checkbox"/> 42 A POKER DEALER/GA \$20.00 | |
| <input type="checkbox"/> 15 B GROOM \$20.00 | <input type="checkbox"/> 33 B PONY RIDER \$20.00 | |
| <input type="checkbox"/> 11 A HORSEMEN'S BOOK \$20.00 | <input type="checkbox"/> 6 A PURCHASHING \$20.00 | |
| <input type="checkbox"/> 16 B HOT WALKER \$20.00 | <input type="checkbox"/> 17 O RACING INTER \$20.00 | |
| <input type="checkbox"/> 101 A HOTEL \$20.00 | <input type="checkbox"/> 16 O RACING OFFICAL \$20.00 | |
| <input type="checkbox"/> 102 A HOUSEKEEPING \$20.00 | <input type="checkbox"/> 19 O RACING STEWARD \$30.00 | |

AFTER you complete Section 3, please give completed form to the clerk.